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# MEDICAID PROVIDER MANUAL UPDATE

TO: All *Durable Medical Equipment and Supplies* providers participating in the Virginia Medical Assistance Program, Managed Care Organizations (MCOs), and holders of the *Durable Medical Equipment and Supplies* Medicaid Provider Manual

FROM: Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

SUBJECT: Update to Second Edition of the *Durable Medical Equipment and Supplies* Provider Manual

UPDATE: DME-01-05  
DATE: 7/1/2005

The purpose of this memorandum is to provide you with updated information regarding Appendix B of the *Durable Medical Equipment (DME) and Supplies* Provider Manual. The Department of Medical Assistance Services (DMAS) has made several updates to Appendix B based on notification from the Centers for Medicare and Medicaid Services (CMS) that several Healthcare Common Procedural Coding System (HCPCS) codes are being discontinued. The tables below detail the changes made. These updates are effective on the date noted under each section of this Medicaid Memo.

**Please Note:** Appendix B of the *DME and Supplies* Provider Manual has been updated and is now available on the DMAS website ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)) to be downloaded, or you may contact Commonwealth-Martin to receive your copy of the updated Appendix B.

## **DELETIONS FROM APPENDIX B**

The following HCPCS codes have been removed from Appendix B, effective August 1, 2005. Please see the Comment column for further instructions if applicable:

Code	Short Description	Comment
E0192	Low pressure pad for wheelchair	Code ended 12/31/04, use E1399
E0192 RR	Low pressure pad for wheelchair	Code ended 12/31/04, use E1399
E0782	Infusion Pump, implantable	Items not billed through DME program.
E0782 RR	Infusion Pump, implantable	
E0783	Infusion Pump, implantable	
E0783 RR	Infusion Pump, implantable	
E0785	Implantable intraspinal catheter	
E0786	Infusion Pump, implantable, replacement	
E0786 RR	Infusion Pump, implantable, replacement	
V5266	Battery for use in hearing device	

**ADDITIONS TO APPENDIX B**

The following HCPCS codes have been added to Appendix B, effective August 1, 2005. Please see Appendix B for Billing Unit, PA Type, Price, and Limit information:

Code	Description	Appendix B Category
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilator	Respiratory
A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	Decubitus/Ulcer Products
A6551	Cannister set for negative pressure wound therapy electrical pump, stationary or portable, each	Decubitus/Ulcer Products
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	Respiratory
B4102	Enteral formula, for adults used to replace fluids and electrolytes (e.g. clear liquids)	Nutritional Supplements
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids)	Nutritional Supplements
E0463	Pressure support ventilator w/ volume control mode, may include pressure control mode, used w/ invasive interface (e.g. tracheostomy tube)	Respiratory
E0463 RR	Pressure support ventilator w/ volume control mode, may include pressure control mode, used w/ invasive interface (e.g. tracheostomy tube)	Respiratory
E0464	Pressure support ventilator w/ volume control mode, may include pressure control mode, used w/ non-invasive interface (e.g. mask)	Respiratory
E0464 RR	Pressure support ventilator w/ volume control mode, may include pressure control mode, used w/ non-invasive interface (e.g. mask)	Respiratory
E2402	Negative pressure wound therapy electrical pump, stationary or portable, each	Decubitus/Ulcer Products
K0064	Zero pressure tube (flat free insert), any size, each	Wheelchair Accessory
K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	Wheelchair Accessory
S8490	Insulin Syringes, any size	Diabetes products
T4535	Panty Liners, Extra Absorbent	Incontinence Undergarments
T5001	Positioning seat for persons w/ special orthopedic needs, for use in vehicles (Car seat covered under EPSDT)	Miscellaneous

### **CHANGES TO BILLING UNIT COLUMN OF APPENDIX B**

The following HCPCS codes have had the Billing Unit column information changed in Appendix B:

Code	Past information	New information	Reason
A4230	Box of 12	Each	Not sold by box 12. See resulting changes to price and service limits also. Effective 08/01/05
A4231	Box of 24	Each	Not sold by box 24. See resulting changes to price and service limits also. Effective 08/01/05
A4232	Box of 24	Each	Not sold by box 24. See resulting changes to price and service limits also. Effective 08/01/05
A4395	50 Tablet Bottle	Each	Consistency with code description. See corresponding change to Limit column. Effective 08/01/05
A4913	Month	Each	Misc. Purchase Item
B4034	Day	Each	Consistency with billing practices
B4035	Day	Each	Consistency with billing practices
B4036	Day	Each	Consistency with billing practices
E0188 RR	Each	Day	Daily Rental
E0431 RR	Each	Day	Daily Rental
E0450 RR	Each	Day	Daily Rental
E1399 (Use for Sterile Q-tips)	Box	Box of 100	Clarification

### **CHANGES TO PA TYPE COLUMN OF APPENDIX B**

The following HCPCS codes have had the PA Type changed in Appendix B, effective January 1, 2004:

Code	Past Information	Present Information	Reason
A4356	Y	N	Match VAMMIS
A4422	Y	N	Match VAMMIS
E0575	N	Y	Match VAMMIS

### **CHANGES TO PA TYPE IN VAMMIS TO MATCH APPENDIX B**

The following HCPCS codes have had the PA Type changed in the Virginia Medicaid Management Information System (VAMMIS) to match Appendix B:

Code	Past Information	Present Information	Reason
A4217	None	Y (PA always required)	Allows for PA of unpriced dates of service from 01/01/04 to 09/19/04.
A4421	No PA Required	Y (PA always required)	IC Code requires PA. Effective 01/01/04.
E0665	PA Required Over Limit	Y (PA always required)	Consistency with like codes. Effective 01/01/04.
E1005	No PA Required	Y (PA always required)	Requires PA. Effective 06/20/03
S5521	No PA Required	PA Required Over Limit	Allows PA for overages. Effective 01/01/04.

**CHANGES TO PRICE COLUMN IN APPENDIX B AND VAMMIS**

Changes in price due to updated Durable Medical Equipment Regional Carrier (DMERC) rates are effective August 1, 2005. Effective dates of other price changes are noted below:

Code	Past Pricing in Appendix B	Present Pricing	Reason for change
A4253	38.52	36.94	DMERC Rate
A4259	12.10	12.06	DMERC Rate
A4349	2.17 and 1.80	2.02	DMERC Rate
A4930	.30	.60	Correction, effective 01/01/04
B4034	5.78	5.97	DMERC Rate
B4035	11.02	11.38	DMERC Rate
B4036	7.55	7.80	DMERC Rate
B4081	20.42	21.09	DMERC Rate
B4082	15.20	15.70	DMERC Rate
B4083	2.32	2.40	DMERC Rate
B4086	33.71	34.82	DMERC Rate
B4150	.63	.65	DMERC Rate
B4152	.53	.55	DMERC Rate
B4153	1.80	1.86	DMERC Rate
B4154	1.15	1.19	DMERC Rate
B4155	.90	.93	DMERC Rate
B9000	1158.13	1196.35	DMERC Rate
B9000 RR	3.43	3.55	DMERC Rate
B9002	1158.13	1196.35	DMERC Rate
B9002 RR	3.62	3.73	DMERC Rate
E0158 RR	.12	.11	DMERC Rate
E0186 RR	.66	.65	DMERC Rate
E0260 RR	4.61	4.53	DMERC Rate
E0424 RR	7.38	6.46	DMERC Rate
E0431 RR	1.16	1.03	DMERC Rate
E0434 RR	1.16	1.03	DMERC Rate
E0439 RR	7.38	6.46	DMERC Rate
E0483 RR	34.30	34.29	DMERC Rate
E0570 RR	.64	.52	DMERC Rate
E0660 RR	.53	.54	DMERC Rate
E0780 RR	.34	.33	DMERC Rate
E0967 RR	.22	.21	DMERC Rate
E0971 RR	.21	.20	DMERC Rate
E1010	1151.36	1143.79	DMERC Rate
E1010 RR	3.71	3.69	DMERC Rate
E1084 RR	3.17	3.16	DMERC Rate
E1220	I.C.	Usual and Customary	Per March 19, 2004 Medicaid Memo
E1390 RR	7.38	6.46	DMERC Rate
E2320	998.38	1025.90	DMERC Rate
E2320 RR	3.22	3.31	DMERC Rate
E2326	319.60	347.14	DMERC Rate
E2326 RR	1.03	1.12	DMERC Rate
E2366 RR	.75	.72	DMERC Rate
K0014	I.C.	Usual and Customary	Per March 19, 2004 Medicaid Memo
K0607	198.31	194.23	DMERC Rate

K0607 RR	.64	.63	DMERC Rate
L7364	339.04	399.04	DMERC Rate

### **CORRECTIONS TO THE VAMMIS PRICE**

The following HCPCS codes have had the price changed in the VAMMIS system to match the price in Appendix B:

Code	Past Information in VAMMIS	Present Information in VAMMIS/ Appendix B	Effective Date of Change
A4348	27.86	27.83	01/01/2004
E0116 RR	.07	.17	01/01/2004

### **CORRECTIONS TO THE VAMMIS SERVICE LIMIT EDIT**

The following HCPCS codes in Appendix B have had the VAMMIS edit changed to match the Limit column in Appendix B:

Code	Brief Description	Effective Date of Change
A4207	Syringe w/ Needle 2cc	01/01/04
A4208	Syringe w/ Needle 3cc	01/01/04
A4209	Syringe w/ Needle 5 cc or more	01/01/04
A4210	Needle-free injection device	01/01/04
A4213	Syringe, sterile 20 cc or greater	01/01/04
A4247	Betadine/Iodine swabs/wipes	06/20/03
A4330	Perianal fecal collection pouch	01/01/04
A4351	Intermittent Cath. Straight Tip	01/01/04
A4352	Intermittent Cath. Curved Tip	01/01/04
A4353	Intermittent Cath. w/ Supplies	06/20/03
A4414	Ostomy skin barrier	01/01/04
A4772	Dialysis Blood Glucose Strips	06/20/03
A5055	Stoma caps	01/01/04
A5063	Ostomy pouch	01/01/04
A5121	Skin barrier	01/01/04
A6236	Hydrocolloid Dressing	06/20/03
A6448	Light Compression Bandage	01/01/04
A6449	Light Compression Bandage	01/01/04
E0160 RR	Sitz bath or equipment	01/01/04
E0161 RR	Sitz bath or equipment	01/01/04
E0162 RR	Sitz bath chair	01/01/04
E0163 RR	Commode chair	01/01/04
E0168 RR	Commode chair	01/01/04
E0618 RR	Apnea monitor rental	01/01/04
E0619 RR	Apnea monitor rental	01/01/04
Wheelchair Section	All codes had edits removed that may have interfered with claims for rental items under this section	01/01/04
Wheelchair Accessories Section	All codes had edits removed that may have interfered with claims for rental items under this section	01/01/04

## **CHANGES TO THE LIMIT COLUMN IN APPENDIX B**

The following HCPCS codes in Appendix B have had the Limit changed. Please note the new service limit:

Code	Past Information	Present Information	Effective Date of Change
A4395	1 Bottle/Month	50 ea/Month	08/01/05
A4402	1 tube/Month	20oz./Month	08/01/05
A4455	16 oz./Month	20 oz./Month	08/01/05
A7000	6/12 Months	12/12 Months	08/01/05
A7035	1/6 Months	3/12 Months	06/20/03
A7036	1/6 Months	3/12 Months	06/20/03
A7037	1/6 Months	3/12 Months	06/20/03
A7507	20/Month	100/ Month	08/01/05
A7520	2/Month	5/Month	08/01/05
A7521	4/2 Months	5/Month	08/01/05
A7522	4/2 Months	5/Month	08/01/05
A7525	2/Month	5/Month	08/01/05
A7526	2/Month	31/Month	08/01/05
E0111	2/36 Months	1/36 Months	08/01/05
E0113	2/36 Months	1/36 Months	08/01/05
E0116	2/36 Months	1/36 Months	08/01/05
E0158	4/36 Months	1 Set/36 Months	06/20/03
E0202	3 Days Maximum Rental	3 Days	Not applicable. Change is typographical in Appendix B only.
E0442	12 Months	1/Month	06/20/03
E1399 (used for button type feeding kits)	1/3 Months	1/2 Months	08/01/05 All E1399 items require authorization. Limits offer a guide for frequency of use.
E1372	1/60 Months	1/36 Months	08/01/05
E1372 RR	1/36 Months	3 Months	08/01/05

## **DME MODIFIERS**

Effective with dates of service on and after January 1, 2004, DMAS no longer recognizes modifiers used for DME codes with two exceptions: (i) the nationally established modifier for rental items, which is "RR" for the DME program; and (ii) the modifier of U1 for extra absorbent diapers. Please see the updated Appendix B for the appropriate codes and modifiers for diapers.

## **COMMUNICATION TO DME PROVIDERS**

DMAS has designed an email address specifically for providers to email questions about DME to DMAS ([dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov)). These questions should pertain to policies, codes, or rates and should not pertain to pre-authorizations, as these questions should continue to be directed to the pre-authorization contractor, WVMI, at **1-800-299-9864**. In the future, DMAS will be able to alert providers to changes to Appendix B via the DMAS ListServe. The ListServe is a real-time solution to notifications and will allow providers to have complete, up-to-date information without waiting for mailings. To subscribe, send an email to [dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov). On the subject line of the email form, type "subscribe" (without the quotes). This is an automated system. If you put anything else on the subject line, you will not be added to the list. Please include "recipient," "provider," or "other," whichever best describes you,

in the body of your email. To unsubscribe, send an email to DMAS at [dme@dmass.virginia.gov](mailto:dme@dmass.virginia.gov). On the subject line of the email form, type "unsubscribe" (without the quotes).

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid and FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmass.virginia.gov](http://www.dmass.virginia.gov) (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **"HELPLINE"**

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmass.virginia.gov/pr-provider\\_newletter.asp](http://www.dmass.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

***DURABLE MEDICAL EQUIPMENT AND SUPPLIES PROVIDER MANUAL***  
**REVISION CHART**  
**July 1, 2005**

**SUMMARY OF REVISIONS**

<b>MANUAL SECTION</b>	<b>MATERIAL REVISED</b>	<b>NEW PAGE NUMBER(S)</b>	<b>REVISED PAGE(S)</b>	<b>REVISION DATE</b>
Appendix B	Appendix B		Entire Appendix B	7/1/05

**FILING INSTRUCTIONS**

<b>MANUAL SECTION</b>	<b>DISCARD</b>	<b>INSERT</b>	<b>OTHER INSTRUCTIONS</b>
Appendix B	Old Appendix B	New Appendix B	